

TEEN MOTHERS' ALTERNATIVE EDUCATION PROGRAM

by

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Abstract

Teenage motherhood is a socio-economic issue in northern British Columbia. This practicum report focuses on the risks associated with teenage motherhood. My practicum placement was with School District 57's Teen Mothers' Alternative Program in partnership with Prince George and District Elizabeth Fry Society. School District 57 is located on the traditional territory of the Lheidli T'enneh. This unique practicum allowed me to practice as a MSW student and utilize my skills as a licensed early childhood educator. The practicum provided the opportunity to explore the experiences of practicing social work within the education system.

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Chapter 1: Introduction

This chapter discusses the issue of young parents, identifies my social location, and describes the practicum setting and my practicum learning goals. Many areas in northern British Columbia (BC) report high rates of teenage motherhood. Teenage pregnancy is defined in this report as a pregnancy of a gender identified female who was under age 20 when her pregnancy ended. Shoveller, Chabot, Wallace, Johnson and Prkachin (2007) identified the need to conduct research on this social and economic issue in Prince George (PG) (BC). Shoveller et al. (2007) stated “the age-specific fertility rate in PG (18 live births per 1,000 women aged 15-19 years) significantly exceeds the provincial average in BC (10 live births per 1,000 women aged 15-19 years)” (p. 4). PG is the largest city in northern British Columbia, centrally located in the province. The city of PG serves as a main service provider for many smaller surrounding communities with an international airport, and a major regional hospital. According to BC Stats (2014), the city’s population is 73,590. The population rate of Indigenous peoples residing in Prince George is 8,500 (Statistics Canada, 2007). PG is unique in that it has a high population of young mothers, specifically Indigenous mothers who come from surrounding communities outside of PG to give birth in PG and access services not available in their rural communities (Shoveller et al., 2007). I draw on Shoveller et al.’s (2007) research throughout this report because of the relevance of their work. They recruited staff and students of Prince George and District Elizabeth Fry Society (E. Fry) and School District 57’s Teen Mothers’ Alternative Program (TMAP) for their study.

There are currently 38 students registered with TMAP, 28 of those students have self-identified as being Aboriginal or Métis. These youth come from many different Nations as far away as Alberta and Saskatchewan. Some tend to be transient, moving between their home communities and PG (Shoveller et al., 2007). These youth move to connect with family, access

services and at times, avoid MCFD involvement. In 2013, there were two removals by MCFD of children from the parental care of their young mothers enrolled in TMAP. Prior to 2013, there had been no removals for the last five years. In 2014, there were four removals. One of these four children was returned to the care of his mother.

These four mothers have been offered services and/or resources to assist them in regaining and maintaining guardianship of their children, but they have not accessed and/or followed through with the provided services and/or resources. The determined goals of these mothers were to regain and maintain guardianship of their children. The main objective for my practicum was to explore: why and what services have been offered, who and how the services are conducted, parent's understanding of these services, identify the barriers that prohibit the parent's from accessing these services, and explore available alternative services and/or resources. Early on from my practicum experience my proposal shifted from service evaluation to understanding disorganized attachment experience by both the young mothers as children and their children, the impacts of complex trauma, historical trauma among Indigenous populations, and mental health illness in adolescence.

Social Location

My social location influences my interactions and relationships with the clients I serve. As a white, heterosexual, post secondary educated woman, my social location has provided me with tremendous power and privilege. This is why it is so important for me to respect and affirm a client's position, to focus on client's strengths, not to make assumptions, and to be accountable. It is also important to analyze the power situation, respect and value similarities and differences, and work towards building bridges between these differences. My desire to better serve was the driving force behind this practicum.

I became professionally aware of the field of social work in 1993, when I obtained a license as an Early Childhood Educator. From my experiences caring for children, I came to realize that parenting is one of the most challenging occupations. Parents are faced with many social problems (i.e. poverty, racism, housing, unemployment etc.), and oppressive mainstream ideologies (i.e. ableism, sexism, heterosexism, etc.). This negatively impacts their lives and those of their children affecting their parenting skills and abilities and results in many families feeling powerless and marginalized. I realized to better serve families, understanding power differentials and how to empower through respect and empathy was needed. To obtain insight into the systemic social issues facing families, and gain the necessary skills and techniques in order to provide effective support to families lead me to become an advocate for change. A logical progression for me was to continue my studies into the field of social work. In 2004, I obtained a social service worker certificate. From this learning and experiences, my practice has evolved from being child focused to family focused. Now in 2015, as a student in a Master of Social Work program I have gained advanced practice skills and knowledge I wish to share and mentor with others.

Practicum Setting

The practicum place setting is unique in that it is a partnership between School District 57, Prince George and District Elizabeth Fry Society. It is housed in the Elizabeth Fry Society's building located in downtown PG.

British Columbia Ministry of Education

In B.C. the Ministry of Education "serves approximately "559,000 public school students, 76,000 independent school students, and over 2,000 home-schooled children" (Ministry of Education, 2014, p. 6). There are approximately 66,300 Indigenous students included in these statistics (Ministry of Education, 2014). The goal of the Ministry of Education "is preparing

capable, engaged, confident young people to thrive in a rapidly changing world” (Ministry of Education, 2014, p.7). To achieve this goal a partnership between the student, family, and teacher must be established.

Role of the Ministry of Education

In order to achieve its goal and support this partnership, the Ministry of Education views its role as ensuring “each child receives a high-quality education that includes developing the foundational skills of reading, writing, and math, as well as other essentials necessary such as self-reliance, communication, critical thinking, inquiry, creativity, problem solving, innovation, teamwork and collaboration, cross-cultural understanding, and digital and information literacy” (Ministry of Education, 2014, p. 6). The Ministry of Education roles and responsibilities fall under the School Act, the Independent School Act, the Teachers’ Act, the Library Act, the First Nations’ Education Act, the Community Care and Assisted Living Act and the Special Accounts Appropriation and Control Act, (Ministry of Education, 2014). The Ministry of Education co-governs with boards of education, works together with partners, including independent school authorities, professional education organizations, community organizations, public libraries, Indigenous representatives, provincial ministries and agencies, and the private sector (Ministry of Education, 2014).

School District 57

The Ministry of Education funds School District 57 to provide alternative education, social and emotional, and cultural services to children, youth and adults in PG. School District 57 has 31 elementary schools, 8 secondary schools and 1 Centre for Learning Alternatives. The district region includes the communities of Prince George, Hixon, Mackenzie, McBride and Valemount. There are 14,239 students enrolled in district schools (School District 57, 2015). 3394 have self-identified as being Indigenous (School District 57, 2015).

The Centre of Learning Alternatives

School District 57 supports alternative education. It's Centre for Learning Alternatives (CLA) serves students from kindergarten to adulthood offering continuing education, distance education, and community alternative programs. Located in the John McInnis Centre in PG, CLA operates many of its programs out of this building. CLA has several offsite programs in partnership with community providers. CLA 's goal to meet the diverse needs of students is provided through quality educational opportunities (School District 57, 2014).

Teen Mothers' Alternative Program (TMAP)

One of those offsite programs is TMAP. TMAP was established in 1997 to fulfill the educational needs of 'at risk' pregnant or parenting teens between the ages of 13 to 19 (Teen Mothers' Alternative Program, 2014). Through a partnership between School District 57 and E. Fry the program addresses the educational, social, emotional, and behavioral needs of its students. Young mothers and pregnant teens require academic life and career skills but are not supported by mainstream education thus; their educational, emotional, and occupational needs are provided by TMAP.

CLA Aboriginal Education Department

The Aboriginal Education Department provides history and knowledge of Indigenous culture to all of the CLA programs. Through a holistic approach Aboriginal Education Workers (AEW) provide support to students, families, staff and community.

Aboriginal Education Social Worker

Working on behalf of the Aboriginal Education Department of School District 57's, the Aboriginal Education Social Worker (ASW) "provides culturally relevant support to help children achieve academic, social and emotional success by working to help remove obstacles the child is experiencing. The school social worker further provides interventions and supports to

help families' over-come barriers to their child's success" (Aboriginal Education Social Worker Department, 2015, p. 2). By offering students social and emotional support, anxiety reduction, self-harm and suicide prevention and intervention, conflict resolution, anger management, addictions and substance use reduction and education. Currently, there are 7 ASW working in the school district (includes coordinator). The workers provide services to 12 schools (8 elementary and 4 high schools). Each ASW can have a maximum caseload of 25 students. Each ASW is assigned a district day which provides the ability to serve students of schools without an attached social worker.

Prince George and District Elizabeth Fry Society (E. Fry)

E. Fry is a non-profit Society whose programs follow a feminist theory of approach. Named after its founder, Elizabeth Fry, a prison reform advocate, who raised awareness of the deplorable living conditions imprisoned women and their children lived. The Society was founded to assist women after they were discharged from prison. The first Elizabeth Fry Society in Canada was established in Vancouver, BC in 1939. Gradually expanding, the Society established a branch in PG in 1979. Elizabeth Fry Societies across Canada work with and on behalf of victimized, criminalized, and imprisoned women and girls. Elizabeth Fry Societies address the unique needs of women by advocating changes and reforms to the law, penal and correctional regulations, and the practices and conditions of the traditional criminal justice system.

Available upon intake, students of TMAP are assigned one of two E. Fry Outreach Workers. The Outreach Worker assists and supports the student with advocacy, assessing community resources, transportation, attending court, etc. E. Fry's Daycare provides onsite childcare to infants up to children three years of age of the students enrolled in TMAP. E. Fry's Family Development Program assists young parent families through home visits and group

facilitation on parenting education, relationship building, and life skills. E. Fry's Babies New Beginnings Pregnancy Outreach Program offers free vitamins, grocery vouchers, maternity and baby items, prenatal classes, breastfeeding support, parenting support, cooking club, etc. E. Fry offers other programs of service such as Victim Services, Court Worker, BC Housing etc. to TMAP students on an as needed basis.

Practicum Learning Goals

Twelve broad learning goals and activities that supported achieving advanced social work skills and knowledge was identified for this practicum. These goals were developed and approved in consultation with the practicum site supervisor, academic supervisor, and committee member.

Goal 1

The first goal was to understand the policies and procedures of the Ministry of Education and the Ministry of Children and Family Development relevant to parenting youth. Current reports, policies, and procedures about parenting youth were reviewed. The shift within Alternative Education was observed with the implementation of Response to Intervention (RTI). How current policies impact services to youth and their families was reflected. How reports may influence future trends in education was reflected.

Goal 2

The second goal was to build awareness of programs for parenting youth available through the Ministry of Education and Ministry of Children and Family Development. The range of services offered by CLA and other pertinent programs was reviewed. Service providers (Wolf Pack, Aboriginal Education Social Worker Department, Carrier Sekani Family Services, Native Friendship Centre, Nezul Be Hunuyeh Child and Family Services, etc.) were visited and spoken with as well.

Goal 3

The third goal was to gain an understanding of a youth's perspective of parenting with MCFD involvement. The parenting youths' perspective was learned by spending time listening to their stories. An understanding of social/emotional, spiritual and cultural needs of parenting youth was developed. Community and governmental resources and supports for parenting youth were learned. Facilitated connections with appropriate services occurred. An anti-oppressive approach was applied when working with youth. The rights of youth were appreciated. MCFD service delivery for parenting youths was explored. The opportunity to exchange knowledge with community stakeholders was created.

Goal 4

A fourth goal was to identify various social and emotional issues affecting the parenting skills of youth. Current "best practices" in working with parenting youth with MCFD involved was researched. Mental Health First Aid For Adults Who Interact With Youth, Enjoy Your Baby, and Crisis Intervention Team Training was attended to gain a greater understanding of the issue.

Goal 5

A fifth goal was to learn about complex trauma experienced by children and youth. Publications on complex trauma were researched and reviewed. Training on Trauma Informed was completed. Four files from the caseload were read and these youths' behaviours were observed.

Goal 6

The sixth goal was to learn about disorganized attachment experienced by infants, children and youth. Publications on disorganized attachment were researched and reviewed. Interactions between the parenting youth and their children were observed.

Goal 7

A seventh goal was to learn solution focused practice skills. Turnell and Edwards (1999)

Signs of Safety Approach was studied and practiced.

Goal 8

An eighth goal was to learn Response-Based Approach. Alan Wade's Response-Based Approach was studied and the practice was implemented. Various applicable publications by Wade were read.

Goal 9

A ninth goal was to gain an understanding of case management. The practicum supervisor, Ruth Walter, was shadowed to understand her role and contribution. Team management practice as understood by the educational team was defined. Job descriptions and organizational charts and protocols were reviewed. Case management skills were developed. Case management skills were developed in accordance with supervisor's observances and recommendations. Feedback from the education team members was encouraged. The roles of the education team members were identified. The unique contribution of knowledge and skills that social work brings to the team was identified.

Goal 10

The tenth goal was to gain an understanding of Individual Case Management (ICM). A small, short-term caseload of four clients/students to enrich the direct practice experience was created. Team meetings were attended and client files were reviewed. Multi-level interactions were used for each student situation based on best practices. Participation in bi-weekly supervision occurred.

Goal 11

An eleventh goal was to develop an ideal professional social work practice. Ethical social work practice was the focus. Ethical dilemmas that might be associated when working with youth

were identified. The influence of pertinent legislation regarding client situations was understood. The BC College of Social Workers Code of Ethics and Standards of Practice were followed. Consultation and reflection with the supervisor regarding challenging situations occurred. Least intrusive intervention strategies were discussed with the practicum supervisor, regarding challenging situations. I reflected with the supervisor on client specific scenarios to identify the role of the Education Act, Child and Family Community Service Act (1996).

Goal 12

The twelfth goal was to increase awareness and reflectivity of how experiences, values, and beliefs affect practice. I was able to recognize my triggers that might affect interactions with clients. I respected each of the students' beliefs and their right to self-determination. I practiced healthy self-care as a foundation for helping others. I discussed with the supervisor values and bias with respect to parenting youth. I worked collaboratively with youth and their families.

Chapter 2: Theoretical Orientation

My practice is based on a combination of factors: my morals, values, and beliefs developed from social location, personal and professional experiences, anti-oppressive theory, feminist perspective, Turnell and Edwards' Signs of Safety Approach (1999), Alan Wade's response-based approach (1995), northern practice, and the BC Association of Social Workers Code of Ethics and Best Practices.

These theories support my sense of social justice in that they address: democracy, diversity, equality, equity, individual and community concerns, and faith in humanity. All are important because as an anti-oppressive practitioner, I view, interpret, and analyze the world through these theoretical frameworks/paradigms as they support social justice by advocating for change. All of these frameworks have influenced my thinking about resistance, because they all resist oppression.

Anti-oppressive Practice

I support anti-oppressive practice because it addresses the structural inequalities and issues of marginalization, oppression, and privilege. It holds social justice and equality as the goal of social work practice. To work anti-oppressively with youth, a social worker is encouraged to be aware of how multiple social locations impacts sense of self and the helping relationship (Strega & Esquao, 2009). It is pertinent for the worker to acknowledge and understand sources of power and privilege through such factors as gender, class, age, race, and sexual orientation in order to prevent "re-acting and recreating dominance and marginalization" (Strega & Esquao, 2009, p. 169). According to Razack (1998) "The daily realities of oppressed groups can only be acknowledged at the cost of the dominant group's belief in its own natural entitlement" (p, 26). This realization by the dominant group of its power over 'others' creates acknowledgement that oppressed marginalized groups exist. Social workers should be involved in this pursuit by

advocating for their clients' individual differences of inequality. Workers are encouraged to identify their location including any privileges they may have over their clients in order to address biased views of the client's issue or situation.

Feminist Perspective

One concept of the feminist perspective is motherhood. Motherhood is seen as a product of patriarchy (Roberts, 1992). In western countries, it is often mothers who are the primary caregivers of their children. Patriarchy reinforces the belief that mothers are the best caregivers of children. This belief puts added stress on mothers to fulfill their roles as caregivers. I believe in feminism, particularly socialist feminism, because it addresses the issues of class, worker's rights, and the need to alter ways of living in western society alongside the need to address gender-based oppression. As a feminist, I have knowledge of the "feminization of poverty" (Pearce, 1978). This notion refers to the continuous increase of poor, female single parents, which has resulted from inadequate funding of childcare, income assistance, and pensions. Women are paid substantially less than men and are forced to rely on jobs, which pay minimum wage, are part-time or seasonal, and offer little or no benefits. The majority of employment positions that women fill is sex-segregated, with a lack of promotional possibilities and is in non-unionized positions. Women, particularly visible minorities, face discrimination and racism from employers. Thus, women have become the working poor. As a feminist, I believe women are trained to be powerless. As a woman, I owe much of my current life situation to resistance. The actions of feminists who banded together to resist gender inequities and obtain the same opportunities as men have resulted in me having opportunities.

Signs of Safety Approach

Turnell and Edwards (1999) put forth the idea that building a collaborative relationship with parent(s) suspected and/or proven of child abuse or neglect increases the safety of the child.

The Signs of Safety approach “assesses risks but is not preoccupied by them and is able to also consider the ideas, competencies, existing safety, and goals of the family. It is a way of thinking that believes it is not only possible but actively aspires to build a cooperative relationship between the agency and family” (Turnell & Edwards, p.188) The paradigms of power and authority still exist within this approach; however, they are lessened by the inclusion and input from the family. Turnell and Edwards view the “helping relationship as a collaborative relationship” (p. ix). This collaborative relationship which integrates the worker’s and family’s knowledge continues from intake to case closure. Turnell and Edwards’ Signs of Safety approach is influenced by solution focused brief therapy. The foundation of brief therapy, according to Turnell and Edwards, “is the notion that the best way the helping professional can facilitate change is by building a cooperative relationship with the client” (p. 3).

Turnell and Edwards (1999) encourage the building of a collaborative relationship beginning with the worker’s first contact/interview with the parents(s). “Understanding the perspectives of those we serve has always been the beginning point of social work” (Baines, 2011, p. 52). Understanding the family’s perspective is viewed by parents/guardians as the key to building a trusting and collaborative relationship. Turnell and Edwards (1999) suggest competent use of listening skills, by the worker helps to foster a cooperative relationship with the family. The worker’s attitude and openness to the parent’s perspective sets the tone for cooperation and how successful the implementation of the partnership will be.

Turnell and Edwards (1999) claim that the field of child welfare “repeatedly acts out the logic of paternalism” (p. 18). Workers solely analyze the problem and create solutions without family involvement, and only involve families when services are offered. Turnell and Edwards suggest the worker’s focus should be “...on the safety of the child in collaboration with the parents rather than safety for the child in opposition to the parents” (p. 222). Turnell and

Edwards also encourage the building of a collaborative relationship with all those professionals involved with the family.

Response-Based Approach

When an individual is mistreated, they resist (Coates & Wade, 2004). The philosophy and practice of response based is "an alternative approach to therapy that is based on a recognition of the spontaneous resistance of Aboriginal persons to the various forms of oppression they have experienced" (Wade, 1995, p. 168). In the response-based approach, the therapist focuses on "asking persons how they responded to the oppression, rather than asking how they were affected by it" (Wade, 1995, p. 185). I understand that this therapy views a client not as victim, who is deficient, because he or she has a problem and the practitioner as proficient because he or she has the obligation to help the victim (Wade, 1995). This therapy focuses on the victim's response to oppression as a person with agency and the capacity to choose. The individual builds strength from these experiences to be used in his or her life. This approach is useful in assisting in the healing and empowerment of Indigenous people, because it acknowledges that Indigenous people resisted their oppressors and can gain strength from this acknowledgement to heal individually and as a community. Instead of viewing Indigenous people as victims of assimilation, and colonialism, they are viewed as resisters with courage and empowerment. To continue to view Indigenous people as victims continues to maintain their oppression. This approach is useful to social work as it assists in healing and empowerment, and respects the inherent capacity to heal toward wholeness.

Northern Practice

The European term north describes a "Hinterland where resources and people can be exploited to enrich all of Canada" (Delaney, Browlee, Sellick, & Tranter, 1997, p. 55). There is little research about northern social work practice, specifically; the unique issues facing northern

practitioners that southern, urban practitioners do not experience. Some of those issues are: lack of confidentiality, the negative effects of population based funding, lack of services, extreme weather conditions, and distance and transportation. Schmidt and Klein (2004) identified the lack of autonomy was also identified as being experienced by northern workers.

Both urban and northern workers shared challenges to their practice, "high caseloads and excessive paperwork..." and "...cost of living" (Schmidt & Klein, 2004, p. 239). Safety, both real and perceived, was identified in the study as a factor for those workers practicing in the north to leave (Schmidt & Klein, 2004). Both urban and rural workers indicated the environment and its appealing job and recreational opportunities as a factor in staying (Schmidt & Klein, 2004). They differed, however, in their view of opportunity with northern workers seeking community and family and urban workers accessing culture and entertainment (Schmidt & Klein, 2004).

Schmidt and Klein (2004) suggest that northern social workers often work and live in the community they serve. "Community is client" ties geography to the client (Schmidt & Klein, p. 236). Successful integration into a community depends on the worker adapting his or her role. This requires the worker to have clear boundaries and understand the perceived and true power associated with their roles while working and living in the community. In particular, Collier (1993) "argues that social workers must strive to become allies with communities as they struggle with political and economic forces that maintain the marginalization of northern communities" as cited in (Schmidt & Klein, p. 236).

Schmidt and Klein (2004) discussed or compared three models of northern practice. Delaney and Brownlee (1997) emphasized the ecological model for practice in the north. Collier (1993) suggests a generalist practice fits best within the northern context. He advocates for workers allying themselves with the community, and Schmidt and Klein (2004) added that, "Generalist northern practice requires specialized skills and knowledge" (p. 240). Zapf (2000)

explored how ideas are shaped by and how people interact in the environment (as cited in Schmidt & Klein). As identified in previous studies (Gibbs, 2009; Chiller & Crisp, 2012) low retention rates and ongoing recruitment of workers is also an issue occurring in the north.

Code of Ethics and Standards of Practice

As a current member of two professional organizations, the Early Childhood Educators of British Columbia and the British Columbia Association of Social Workers, I adhere to codes of ethics and standards of practice. These provide me with a foundation to practice on which ensures consistent and quality care and service.

Chapter 3: Literature Review

This section of the literature review discusses Indigenous teenage motherhood, the risk factors associated with teenage motherhood, changes to alternative education, the school social worker, adolescent mental health, resistance, empowerment, and child welfare.

Indigenous Teenage Motherhood

Compared to other western countries, teenage pregnancy in Canada is rated as a moderate socio-economic issue (Dryburgh, 1997). According to Garner, Guimond, and Senecal (2013), there were 355,000 live births in Canada in 2006; of those babies born, 4.1% were to women under 20 years of age. Garner, Guimond, and Senecal (2013) discovered 8% of non-Indigenous children under the age of 6 had mothers between the ages of 15 and 24 compared to 27% of off reserve Indigenous children under the age of 6. The Canadian national rate rose just slightly from 27.9 per 1, 000 teens to 28.2 (Bielski, 2013). Dryburgh (1997) found the rates of teenage pregnancy tend to be higher in the North.

Teenage females are more likely to become pregnant when they have fewer education or employment opportunities for which to postpone childbearing (Garner, Guimond, & Senecal, 2013). Early childbearing has a great impact on a female's socio-economic and living conditions (Garner et al., 2013). In general, Garner et al. (2013) showed that teenage mothers were less likely to have graduated from high school and more likely to live in overcrowded housing in need of major repair and have lower household incomes. The socio-economic impact of teenage motherhood can be seen in the low graduation rates from high school. The rate of impact is greater between Registered Indian females living on reserve who were both teenage mothers and had not graduated high school at 28.8% compared to 4.7% of non-Indigenous females (Garner et al., 2013). The odds of living in overcrowded housing were more than 10 times greater among

Registered Indian females living on-reserve than among non-Indigenous females; and the odds of living in a dwelling in need of major repair were more than 6 times greater among the former than the latter (Garner et al., 2013). Registered Indian females, whether living on or off-reserve, had lower income levels and obtained a greater proportion of their personal income from government assistance as compared to non-Indigenous females (Garner et al., 2013). Indigenous teenage mothers also had more children on average than non-Indigenous teenage mothers (Garner et al., 2013). Garner et al. (2013) suggested further research should be conducted on the specific consequences of teenage pregnancy and motherhood among Indigenous females.

Indigenous women are more likely than non-Indigenous women to be teenage mothers. This is supported by "27% of off reserve Indigenous children are under the age of 6" (Garner, Guimond, and Senecal, 2013, p.1). Western culture views teenage pregnancy and parenthood, as a problem, but this view may not be shared by some Indigenous communities. In some Indigenous communities the "early onset of pregnancy was the norm" (Garner et al., 2013, p. 1). Garner et al. (2013) suggested a contributing factor to the higher rates of teenage pregnancy in some Indigenous communities is the loss of traditional social support structures.

Historically, the field of social work has been entrenched in colonization and assimilation by its practice in uprooting Indigenous children from their families and communities and placing them in Residential Schools and later into white settler homes, as was the case in the "60s scoop". These vulnerable children were relocated into Residential Schools and/or Foster Homes and expected to thrive. The residential school experience and subsequently the use of non-Indigenous Foster Homes has "led to multigenerational impacts that have had a profound, lasting effect on Aboriginal people, communities and families" (Representative for Children and Youth, p. 20, 2013). Today, plagued by these multiple systemic traumas, many Indigenous communities have high rates of infant mortality; sub standardized housing, few social support services,

widespread poverty, high unemployment rates and dependency on social assistance (Cannon & Sunseri, 2011).

Lack of Services in Indigenous Communities

Services in general lack on reserves. During my practicum with Carrier Sekani Family Services (CSFS) in 2006-2007, I was able to visit 7 of the 11 Carrier and Sekani Nations in and surrounding Prince George. At that time, health positions, on and off reserves, were often vacant and/or had high staff turnover rates. This is very concerning to the health and safety of woman seeking pre and postnatal care on reserve.

Indigenous peoples of today face great challenges. Past Assembly of First Nations Nation Chief Sean Atleo's speech to the Canadian Parliament on October, 7, 2013 voiced concerns about such issues as: underfunded education for Indigenous peoples and lack of control and rights to education, inadequate housing, dangerous drinking water, underfunded child welfare system, missing and murdered Indigenous girls and women, resource development on Indigenous land and lack of inclusion of communities in negotiations.

Stereotyping

Young mothers experience ageism as they are seen as too young to parent. Indigenous young mothers also experience racism, as they feel stereotyped because of their ethnicity (Shoveller et al., 2007). All young mothers, according to Shoveller et al. (2007), resented being stereotyped and viewed as incapable of parenting due to their young age. There is a misconception that young females who "let themselves get pregnant" were irresponsible and/or promiscuous. From my discussions with young mothers, I learned that many became pregnant from their first sexual encounter and did not make a conscious choice to get pregnant. It is often difficult for young mothers to ask for help from others for their fear of being labeled as a "bad mother" (Shoveller et al.). This fear is supported by service providers, family, partners, and

friends telling young mothers that the “best thing” they can do for themselves and their children is to give their babies up for adoption (Shoveller et al.).

This belief supports ablest ideology in that value is placed on a person's ability to contribute to society thus promoting capitalism. If a young mother cannot fuel the economy then she is a dependent member of society and deemed as worthless. This view blames the mother for her situation. It does not consider the systemic social issues and oppression that marginalizes young mothers and contributes to feelings of powerlessness. The patriarchal view of family and the maternal responsibility of care conflicts with the belief that, “It takes a village to raise a child.” This brings into question the lack of family support involved in a young mother's case when she is accessing social assistance, or other services.

Risk Factors Associated to Teenage Motherhood

Garner, Guimond, and Senecal et al. (2013) and Dryburg (1997) discovered there are several risk factors associated with teenage pregnancy. The first risk factor identified by Garner et al. (2013) was the “lack of or inadequate use of prenatal care” by teenage mothers (p. 1). Second, lack of access to and inadequate use of prenatal care puts young pregnant females at greater risk of having a baby being born prematurely or with a low birth weight. Third was being at “a greater risk of birth defects” (p. 1). These babies are at a greater risk of being born with a birth defect perhaps due to a mother smoking during pregnancy, lack of prenatal vitamins, and/or access to and information about prenatal care. Garner et al. identified a fourth risk factor, “higher rates of infant mortality” (p. 1). Dryburgh (1997) found that the teenaged mothers themselves were at greater risk of developing health problems such as anemia, hypertension, renal disease, eclampsia, and depressive disorders. Subsequently, these youths were at risk of acquiring a sexually transmitted disease (Shoveller, Johnson, Prkachin, Ogen, Berlinger, Reade, & Chabot,

2009). Higher rates of infant mortality on some reserves have been documented among all Indigenous live births with the highest rate among teenaged live births.

Roles and Responsibilities

I observed the multiple roles and responsibilities these young women juggled. They are learning to parent, going to school, working, providing for their children, and often they are looking for housing. Shoveller et al. (2007) found that teens described themselves as mothers, daughters, students, workers, and partners in intimate relationships, sisters, and members of their particular social and/or ethno-cultural communities. For the young mothers who identified as being Indigenous, they often said their heritage helped to “ground” them and put their identities into context “(e.g., this is where I come from and this is what my place is in the world)” (Shoveller et al., 2007, p. 6). In my opinion, young mothers are teenagers faced with adult roles and responsibilities. Many adults struggle with these types of responsibilities, and yet western society expects young mothers to manage these responsibilities, too.

Working Relationship

During my years of being of service to families, I have experienced the positive benefits of being a part of a working relationship. I have come to realize the importance of connecting with families, specifically young mothers and maintaining professionalism. Shoveller et al. (2007) asserted that young mothers have at least one service provider that they can turn to for help. These working relationships however, have been negatively impacted by funding cuts where service providers now have become “gatekeepers” of limited services (Shoveller et al., 2007). Workers complain of how paper work cuts into time to provide direct services to young mothers (Shoveller et al., 2007).

Provision of Childcare

In order for young mothers to continue their education, the provision of childcare is seen as a determinant of success (Shoveller et al, 2007). Knowing that their children are safe and well cared for, gives these mothers piece of mind to pursue their educational goals. However, limited subsidized childcare options make it challenging for young mothers to continue their education beyond high school and to seek employment (Shoveller et al., 2007).

Many young mothers do not want service providers to assume that their parenting skills require "fixing" because they are young (Shoveller et al., 2007). Having access to longer-term supports rather than short, intensive programs helps to build trusting relationships with service providers, especially, when young mothers are mandated (Shoveller et al., 2007). Young mothers, like adult mothers, want parenting classes that are tailored to their children's current stage(s) of development (Shoveller et al., 2007).

Ageing Out

"Ageing out" is a significant problem among all youth who access government funded programs. It is especially difficult for young mothers who rely on these supports for themselves and their families. Many have been expelled or dropped out of school, and the prospect of rapidly catching up and completing their high school requirements before the age of 19 is experienced as daunting (Shoveller et al., 2007). For some Indigenous mothers, access to funding for post-secondary education depends on successful completion of high school before they "aged out" (Shoveller et al., 2007). These researchers note, "It is ironic that current government policies dictate that young women who bear children at "too early an age" become "old enough" to manage on their own by age 19" (Shoveller et al., 2007, p. 7). Many young mothers who "aged out" find it difficult to complete their high school education and subsequently are not able to access jobs, something they view as being essential for securing better housing and getting out of poverty (Shoveller et al., 2007).

Housing Barriers

Young mothers face barriers to affordable and quality housing. Housing is a major concern for young mothers who are faced with living in lower income neighborhoods in unhealthy and unsafe conditions (Shoveller et al., 2007). I have observed that when looking for housing, many young mothers experience discrimination based on their age, ethnicity, and social position. There are landlords who do not want to rent to teenaged mothers, especially if they are Indigenous and /or receiving social assistance (Shoveller et al., 2007). Some young mothers must deal with landlords who often delay making repairs, ignore their requests, and/or do shoddy repair work (Shoveller et al., 2007). Indigenous women are also more likely to live in dwellings that were overcrowded or in need of major repair as compared to non-Indigenous women (Garner et al., 2013). This puts young mothers in a position of concern that living in poor quality housing will put their children at an increased risk of being apprehended by MCFD.

Partners

Garner et al. (2013) concluded non-Indigenous and Indigenous teenage mothers had significantly more children and significantly older partners as compared to non-teenage mothers. Registered Indian women living off-reserve and non-registered Indian women were more likely to be single mothers than non-Indigenous women (Garner et al.). Dryburgh (1997) found pregnant or parenting teenagers between 15 to 17 years of age are often single. Shoveller et al. (2007) discovered a strong inter-connection between the wellbeing of young mothers and the stability of their intimate partners, especially those who are the fathers to the children. Some partners were described as being devoted and involved fathers (Shoveller et al., 2007). Unfortunately, MCFD's "spouse in the house" policy is seen by both partners as creating barriers to including fathers (or intimate partners) in parenting (Shoveller et al., 2007).

Young mothers find it challenging to maintain their autonomy when their parenting styles clash with those of their own parents or older relatives (Shoveller et al., 2007). When they received parenting advice from family members or service providers they were afraid that their role as a parent was being questioned or challenged (Shoveller et al., 2007).

Many young mothers want to live independently because they want to be the primary caregivers for their children and find it difficult to do so when housed with adults (Shoveller et al., 2007).

Some young mothers described about how they had lost touch with their friends now that they were parents and their friends were not (Shoveller et al., 2007) and felt lonely.

Employment and Financial Barriers

Young mother experience barriers to employment and financial independence. Due to the low level of education, childcare responsibilities, gender, and/or ethnicity many are faced with low paying jobs, part-time employment, few or no benefits and job insecurity (Shoveller et al., 2007). Experienced by most teenage mothers, is lacking a partner to contribute to household income (Dryburgh, 1997). Shoveller et al. (2007) describes how a teen had to quit her job because she could not find reliable childcare and affordable transportation. I find it interesting that many of the young mothers in the Shoveller et al. study wanted to pursue careers in the helping professions (e.g., social work, child care as oppose to nontraditional female employment role).

Changes To Alternative Education

The education system is not stagnant; it is ever changing. It is a complex system with a foundation combined with tradition, values, and best practice research. The system has changed from its original origins from parent and/or community-funded to its current model in which government-funded, and in partnerships with organizations provide services.

Flexible approaches are needed in meeting the educational goals of teenaged mothers (Shoveller et al., 2007) TMAP is one of School District 57's Continuing Education programs that is an example of such a flexible approach. Many of the young mothers who attend TMAP have been out of school for an extended period; sometimes up to two years (R. Walter, personal communication, February 6, 2014). Often the Indigenous students report that their "last completed level of education" was grade 6, 7, or 8 (R. Walter, personal communication, February 6, 2014). Reflecting on this knowledge, I can't help but wonder if the systemic traumas and lack of services on reserve have led to the lower rates of grade completion among the Indigenous students, subsequently, causing Indigenous females to experience barriers when transferring from elementary school to high school.

In School District 57 Superintendent Brian Pepper's (2014) blog on student achievement showed an increase in students pursuing Dogwood Diploma graduation rather than Evergreen Certificate (Indigenous 9%, non-Indigenous 2%). A Dogwood is a diploma of graduation while an Evergreen is a certificate of school completion. Graduation rates (2013/2014) for both Indigenous students and non-Indigenous students increased. District graduation rate (48.8 %) for Indigenous students are still below the provincial average rate. For youth in care the district rate is 17%. There are 200 Continuing Custody Order (CCO) students enrolled in district programs. A CCO is defined by the Child, Youth and Family Act (1996) as a child or youth in care of the Director of Child Welfare who acts as the sole guardian of the child or youth.

School District 57 is beginning the process of implementing Response to Intervention (RTI). The multi-tier approach supports early identification of students with learning and/or behaviour concerns. All children in the classroom will take part in a universal screening. Children assessed that require interventions will be provided on an increasing level of intensity.

On December 4, 2014 the Ministry of Advanced Education announced it would be cutting funding to its Adult Basic Education (ABE) program. The ABE provides free of charge courses to BC residents, many who have already graduated, to upgrade their skills and education in pursuit of better job opportunities or entry into college or university programs. 71% of the ABE students live below the poverty line. This marginalized population includes: women, Indigenous people, single parents, and individuals with a learning disability or difficulty. In 2013/2014, 50,000 students were enrolled in AEB courses. The provincial government announced it would provide tuition grants to eligible learners.

On February 27 the College of New Caledonia Board approved charging high school graduated students \$533 per course for previously free courses. The fees are to take effect in May 2015. Those without Dogwood diplomas can still access courses at no cost.

Employment over Education

Due to the challenging goal of completing their high school education and child care responsibilities; young mothers often exclude themselves from thinking about the possibility of enrolling in university or training programs (Shoveller et al., 2007). Teenage mothers are less likely to complete post secondary education compared to adult mothers (Dryburgh, 1997). Instead they often enroll in short-term job training programs in order to find employment (Shoveller et al., 2007). Many would like to pursue continuing education, but must look for work as required by the Ministry of Social Development and Social Innovation (Shoveller et al., 2007)

The Use of Labeling in Schools

Labeling is a common occurrence in the education system. Csiernik (2010) states, "...These families continue multigenerational cycles of abuse..." (p. 219). Do families really choose to continue abuse? This is an example how the choice of words used to describe families (i.e. clients) is misguided. "Labeling the family...places the blame on them and makes them

seem almost exclusively responsible for making changes in their lives. It also depoliticizes the situation by obscuring the complex web of inequities that have shaped their opportunities and disadvantage" (Baines, 2011, p. 21).

The School Social Worker

Historically, the role of the school social worker was as a truant officer ensuring a child's attendance (Grande & McClare, 1983). The role's title was changed to attendance officer in 1919 (Martelli, 1988). Today, across Canada, many school social workers remain responsible for attendance issues (Canadian Association of Social Workers, 2002). Founded in 1982, the Canadian Association of School Social Workers and Attendance Counselors (CASSWAC) connects social workers and attendance counselors. In British Columbia, the school social worker adheres to: the School Act, Labour Relations Code, Collective agreements, and the BC Social Workers Code of Ethics and Standards of Practice.

The goal of the school social worker is to support a student's overall wellbeing and academic performance. To achieve this goal a partnership between the student, family and teacher must be established. One of the many roles of a school social worker is to be supportive in helping to create and maintain this relationship triad.

Adolescent Mental Health

Disorganized Attachment

Attachment theory empathizes that there should not be any significant separation between mothers and their children during the first five years of life (Corby, 2006). To do so puts children at risk for psychological and social difficulties. Attachment theory has been criticized by feminists for limiting and restricting mothers to be in close proximity of their infant children. Attachment theory does not consider cultural differences of parenting. Within Indigenous culture children are seen as a gift of the Creator and not as a possession of ownership to his or her

parents. Extended family members are looked to for sharing their wisdom in caring and raising the child.

Having a healthy attachment relationship with a caregiver helps a child to manage stress effectively and balance emotions (Ainsworth & Bowlby, 1991). Early healthy attachments with parents/guardians help the child to learn how to create and maintain future relationships (Ainsworth & Bowlby, 1991). When the parent/guardian-child relationship fails to meet the child's needs of security and safety it is recognized as an unhealthy attachment (Ainsworth & Bowlby, 1991). When the child/guardian relationship is disrupted as in the case of fostering, leads to attachment disruption. Healthy attachments are formed by the parent/guardian who consistently responds sensitively to the needs of the infant over time.

Hurt, Betancourt, Wu, Farah, and Avants (2014) study demonstrated that the developing brain is structured and shaped by childhood experience. They showed a correlation between an infant's socioeconomic status and brain growth. Children raised in poverty had significant lower IQs than those who were not. Kuhl, Ramirez, Bosseler, Lin, and Imada (2014) found that infants learned language through human interactions but exposing them to language through means of television, audio book, Internet, or smart phone showed no language acquisition whatsoever. Results concluded that the developing brain relies heavily on the environment to further expand its wiring. Emotional, cognitive, and linguistic development is impacted by social experience. Provided that the nurturing intervention is implemented during a critical period of development a child's brain plasticity allows for overcoming early deprivation from negative childhood experiences (Levin, Zeanah, Fox, & Nelson, 2014).

There is a strong association between early attachment relationships and brain structures (Northern Health, 2014). Brain structures include those responsible for emotion regulation, attachment behavior, and stress-related coping mechanisms (Northern Health, 2014). The

structure of a child's developing brain can be disrupted by exposure from toxic stress (Northern Health, 2014). This can lead to difficulties in learning, memory, self-regulation and behavior problems (Northern Health, 2014). Toxic stress can be short-term or long-term. Examples of toxic stress include: negative family dynamics and emotional deprivation, including chronic stressful conditions such as extreme poverty, abuse or severe maternal depressions (Northern Health, 2014). Exposure to serious stress early in life "...can develop an exaggerated response that, over time, weakens defense systems against diseases, including heart disease, diabetes and depression" (Northern Health, 2014, p.4)

Indigenous children are significantly over represented in child protection cases. With "...approximately 40% of the 76,000 children and youth placed in out of home care" being Indigenous (Carriere & Richardson, 2009, p.50). Of those cases involving Indigenous children "60 percent...are due to neglect that is directly related to poverty" (Carriere & Richardson, 2009, p. 50). McCain and Mustard (2002) described that decision-making in child welfare has been influenced by the research on mother/child bonding and attachment theory. McCain and Mustard cautions that his research has been inappropriately applied by some Judges influencing court case(s) decisions resulting in the removal of Indigenous children and parents denied ample opportunity in displaying appropriate care of their children. Canada's child welfare system has been historically oppressive towards Indigenous peoples' cultural and traditional family ways of life by upholding Eurocentric, dominant mainstream values, beliefs, and morals of parenting (Carriere & Richardson, 2009). By imposing best practices that are heavily influenced by mainstream culture norms that have limited inclusion of cultural diversity, early childhood educators discount parents' rights to equity and social justice (Carriere & Richardson, 2009).

Complex Trauma

The term complex trauma describes a child's exposure to numerous traumatic experiences

and the immediate and long-term effects of the exposure (Cook, Spinazzola, Ford, Lanktree, Blaustein, Cloitre, DeRosa, Hubbard, Kagan, Liautaud, Mallah, Olafson, & van der Kolk, 2005). Examples of complex trauma include: physical, sexual, and emotional abuse and neglect. Witnessing domestic violence is an example of complex trauma. Usually occurring in infancy, the exposure leads to the disruption of several developmental areas and the formation of self (Cook et al., 2005). Cook et al. (2005) observed seven domains of impairment in exposed children. Domains displayed are: "attachment, biology, affects regulation, dissociation, behavioral regulation, cognition, and self-concept" (Cook et al., 2005, p. 392).

Complex trauma often occurs within the child's relationship with his or her primary caregiver. Exposure to complex trauma interferes with the child's ability to form a secure attachment within the care giving system (Cook et al., 2005). The consequences of a child's immediate and long-term exposure to complex trauma are multifaceted. Exposure to complex trauma causes lifelong problems in children that place them at further risk for increasing trauma and added impairment. Examples of added trauma exposure and increasing impairment are "psychiatric and addictive disorders, chronic medical illness; legal, vocational, and family problems" (Cook et al., 2005, p. 390). Often these problems occur in childhood, throughout adolescence and extend into adulthood.

Cook et al. (2005) caution that interventions should build on strengths, reduce symptoms, and address some or all of the domains. People who experience trauma and "receive negative social responses, such as being blamed or judged, not being believed, or experiencing delayed responses... tend to experience more intense and lasting distress. These victims are more likely to receive a mental health illness diagnosis" (Richardson & Wade, 2013, p. 148). Intervention in childhood and adolescence serves as prevention of negative outcomes in adulthood (Cook et al., 2005).

Historical Trauma

To connect past trauma with current crisis, Niezen (2009) studied the historical etiology of political domination, displacement, and economic marginalization on community. The Intergenerational trauma of these oppressions results in high frequencies of mental illness, additions, family violence, and self-destruction in community members. Within Indigenous communities: residential schools, churches, and large-scale resource extraction are all viewed as “plausible source of collective trauma with a possible connection to later manifestations of suicide” (Niezen, p.186). This author suggested that severity of historical trauma is not sufficient enough to explain the higher rates of suicide but, that multiple historical traumas lead to later manifestations of self-destruction. Without social security from their community, youths “will construct their own forms of solidarity, premised on rejecting security, abandoning expectations of a better future, and ultimately, negating their attachments to life itself” (Niezen, p. 181). Niezen stressed the importance of heritage in “creating new foundations of social solidarity based on distinct identity” and the importance of “cultural continuity” as a protective factor for Indigenous youth (p. 188). Additionally, he suggested the need for awareness of social conditions and generalist social work interventions in reducing frequency of suicide in northern Indigenous populations. They are: “connecting with family and community, being close to nature and spirituality, unambiguous understanding of one’s place in a social world” (p. 189). Communities that are secure environments are deeply rooted in history and tradition and have political power.

Trauma and Substance Use

I draw on my 2003 practicum experience at the Adult Detox/Assessment Unit in the University Hospital of Northern British Columbia, which gave me a hands-on experience to the challenges of coping with trauma and the use of substance. When trauma symptoms occur,

substance use may persist as a way to self-regulate and self-soothe (Harris & Fallot, 2001). It also allowed me to observe how people with trauma are pathologized by the medical system. Their behaviour is labeled, but the trauma they have experienced is not addressed. I also became aware of the social problems and barriers some people with substance issues experience. Working with people with substance issues helped me to address and diminish my bias. I am better able to understand the underlying issue of trauma and how systemic social issues contribute to the cause for labeling. I applied this learning to my practice, while working with one of the students from my caseload that had experienced childhood trauma and now struggled with substance dependency.

FASD

Fetal Alcohol Spectrum Disorder (FASD) is a term used to describe a set of symptoms seen in some children born to women who drank alcohol during pregnancy (Streissguth, 1997). Exact numbers for the incidence and prevalence of FASD are not available. It is estimated that at least three out of every 1,000 infants will in some way be affected (Ministry of Children and Family Development, 2010). Another estimate indicates that every day at least one child in Canada is born with FASD (Health Canada, 2003). The prevalence is higher among vulnerable populations such as Indigenous and Inuit communities where as many as 1 in 5 people may be affected by FASD (Health Canada, 2003).

Working with pregnant and/or parenting at risk youth and their children, I have observed both the primary and secondary disabilities displayed by children and parents who are affected by FASD. The primary disabilities displayed are: intolerance of change, easily distracted, difficulty with emotion regulation, over stimulation, and unique or delayed information processing. Some secondary disabilities are: mental health problems, disrupted school experiences, trouble with the

law, and confinement. Research shows those with FASD have often experienced complex trauma (Henry, Sloane, & Black-Pond, 2007).

Resistance

Allen (1998) defines resistance "...as the ability of an individual actor to attain an end or series of ends that serve to subvert domination" (p. 35). Some forms of resistance are: open defiance, disguise, and/or concealment, which are observed by: failure to keep appointments, statements of resistance, passivity, diversion, uncooperative behavior, and subtle undermining (Mullaly, 2002). When resistance is used correctly the results can be liberating; however, it can also result in further oppression when used incorrectly (Mullaly, 2002). For example, when resistance is used as a response to oppression, I view this positively. The positive view is affected by whether the resistance used is constructive or not (Mullaly, 2002). It is important for marginalized people to use resistance as a tool against oppression. By not resisting oppression, tolerance and continuation of the oppression is created (Mullaly, 2002). Anti-oppressive practice supports resistance in that it helps to tear down the invisible walls within society. Some walls are: racism, sexism, classism, ableism, ageism, and heterosexism. Resistance is necessary when used as a tool of action against the barriers that these invisible walls have created between certain members of society.

Some clients are reluctant or resistant to addressing an uncomfortable problem. Structural social work involves identifying systemic issues that created a situation (Mullaly, 2007). It includes a focus on the systemic issues of oppression (Mullaly, 2007). It requires conscious awareness of these power issues in every situation (Mullaly, 2007). Social workers may view resistance in a negative light when clients resist their support or perhaps more accurately when

we resist their needs. It is important to discuss resistance with the client. Doing so will address some of the power differentials in a working relationship and also validate the client's needs.

Empowerment

Empowerment is defined as "having access to power" (Miley, O'Melia, & DuBois, 1995, p. 68). Empowerment involves listening to, empathizing with, and understanding the concerns of those who believe they have no power and therefore feel powerless (Lee & Hudson, 1996). Most importantly people regain their power to make their own decisions and choices. It involves understanding the systemic oppression that exists, how it affects those from the margins of society, and tools to use against it (Lee & Hudson, 1996). "Social workers who engage in empowerment-focused practice seek to develop the capacity of individuals to understand their environment, make choices, take responsibility for their choices, and influence their life situations through organization and advocacy" (Gamble & Weil, 1995, p. 483). Empowerment involves the use of tools such as: active listening, combined with solution focused techniques, being caring, non-judgmental, helping others to recognize their abilities and strengths, and most importantly all of us has the ability to empower one another (Mullaly, 2007).

Child Welfare

The Ministry of Children and Family Development (MCFD)

The Ministry of Children and Families (MCFD) is the provincial authority delegated by the Child and Family Services Act (1996) to provide child protection and related resources. The Ministry of Children and Family Development provides child welfare service throughout the province of British Columbia and through a number of delegated Indigenous agencies. The North Central Service Delivery Area of the ministry provides child welfare services to the city of Prince George and surrounding communities (Blackman & Schmidt, 2014).

The Risk Assessment Model

In B.C., The Risk Assessment Model is used by MCFD child protection social workers for assessing risk in suspected child maltreatment cases. The intent of the Risk Assessment Model is to ensure a standardized and structured decision-making process across the province (Child Protection Consultation Services, 1996). Since its implementation there have been several concerns raised. The Risk Assessment Model is a powerful, standardized tool used by child protection workers to exercise their authority over families, resulting in narrow judgment. Paternalism is a dominant paradigm within the profession of child welfare. The child protection worker will decipher the problem; assess the risk involved, and the potential of future harm. The opinions of the family involved in the process are secondary to that of the professional. A consequence of the risk model "...has been neglect of the fact that children in need of protection are also children in need" (Stokes & Schmidt, 2011, p. 1118).

Child Protection Decision Making

Stokes and Schmidt (2011) explored "the influence of race and poverty on child protection decision making" (p. 1105). They showed that race and poverty have no influence on child protection decision-making. Instead, results concluded that factors of spousal violence, substandard housing, and substance use had impacted workers' decision making. Stokes and Schmidt concluded that decisions about removal were based on the condition, security, and stability of housing. Knowing that poverty and race were not bases of child protection workers' decision making when assessing risk is encouraging. However, "in Canada, Aboriginal children and children in poverty are overrepresented in the child welfare system" (p. 1117).

Chapter 4: Services

This chapter describes service delivery in PG, how services further marginalize users, resistance to services, funding, availability, and eligibility.

Service Delivery

Many services in PG, that I once referred clients to, have disappeared in the last seven years or have been replaced under a different name and under the umbrella of a another service provider. This makes me reflect on what the regional director of MCFD expressed at a symposium on February 18, 2014: MCFD is implementing its Early Development Program focusing on early prevention with children under six years of age. MCFD provides services directly as well as contracts them out. I believe in change; however, when a provider conducts a service through a specific mission statement and later then that same service is provided by another who has a different mission statement, the service may no longer support those accessing the service. This has also caused me to reflect on Shoveller et al.'s (2007) work that suggests that young mothers want to have long-term relationships with service providers and not short term. Having an established relationship with a worker whom they could trust provides encouragement and stability. The MCFD Early Development program is being piloted in the Lower Mainland, and again I question who developed this program and how will this program work and can it be transferred here? It frustrates me that here in the north, a central part of the province, we have high rates of social ills, yet ideas and programs funded by MCFD are created in the southern part of the province and are usually implemented there first.

Services that Further Marginalize People

The voices of marginalized people are not included in decision-making processes. Not only are they not heard, because they may not have the knowledge or means to be heard, the services provided do not meet their needs. Those in charge of the funds are preoccupied with

mainstream funding. It is important to understand the structural inequalities within society, especially how they evolved, and continue to oppress and marginalize individuals. Understanding the history of these structural inequalities will prevent them from repeating. Comprehending how these structural inequalities oppress and marginalize clients will help to ensure that appropriate approaches and techniques will be used to empower the client.

Resistance to Services

Sometimes clients are resistant because they have been mandated to come for services. TMAP is not a mandated program. However, the program is the only teen mothers' program in the community. A social worker in contact with a client through MCFD may "encourage" a student to attend the program if she wants to maintain or retain custody of her child. This causes some students to resist working with TMAP staff.

Funding of Services

The provincial governmental cuts to the service of respite care have almost eliminated this type of service. Now, voluntary care is used as its replacement. This has consequences as the parents' authority over the child is delegated to the Director. Parenting programs in the community of Prince George are limited including the ages and stages of child development information offered to parents. Policies are inadequate to ensure that important connections are maintained for children or youth. Strega (2007) explained the services available to children and youth are provided on a discretionary basis and if there is funding. Social workers have a great deal of power in their discretion deciding which clients are deserving and undeserving of the limited resources.

Availability

Within smaller towns, certain agencies are known for providing specific resources. I am aware of the practice by agencies to not take away another agency's clients or duplicate the services already available. This is a concern for agencies because their funding may be cut for having a reduced client list. Often in remote communities or those with smaller populations, residents relocate to the closest larger community to access services not available in their own communities. This can create a feeling of isolation in an individual, which may lead to depression and other concerns.

PG is a diverse city and policies and programs should support our diversity. However, many of the current programs do not adequately meet the individual or cultural needs of the client. Assessing or accessing some of the community services and resources available in PG can be challenging. Some services may have waitlists. I believe workers in the social services field are rallying for change in hopes of creating new policies and programs that support diversity.

Eligibility

Turning 19 should be a happy occasion for many British Columbian youth instead it creates anxiety for youth in care. Rutman, Strega, Callahan, and Dominelli (2002) stated, "they are entitled to very few services once they turn 19, and even those few supports available only to permanent wards are subject to budgetary restrictions" (p.190). Supports relinquishment is based on age not on maturity of the client. Upon reaching the age of 19, their social, emotional, and financial support systems are taken away or reduced drastically. I would not do this to my own children and, thus, do not support this current government practice. Youth are restricted from accessing the resources they once used. In the program, aging out is a major concern. There are no extra funds to support these youth. They were often referred to Continuing Education and/or employment programs. They can no longer access the program nor can their child attend the daycare.

Chapter 5: Learning Experiences from the Practicum

This chapter describes my role, Indigenous protocol, practicing anti-oppressively and tasks. This practicum placement with School District 57's TMAP provided me with the necessary skills and knowledge to work successfully with parenting youth and their children, some with MCFD involvement. This master of social work practicum provided me with the opportunity to learn advanced practice skills and knowledge. From the practicum evaluation process, concrete outcomes that I accomplished were identified. I learned a variety of practical skills from the team members of TMAP. This has expanded my professional understanding of parenting youth with child protection concerns. Forming collaborative working relationships with parenting youth and their children, acknowledging their successes, and sharing the words "thank you" are some of the positive experiences I had as a practicum student.

My Role

I met with April Hendrickson, coordinator of the Aboriginal Education Social Worker Department, to discuss the role of the school social worker. To the best of my abilities, I mirrored my role as an MSW student to that of the Aboriginal Education social worker. Liaising between the school, home, and community agency is an important part of the role. I worked towards creating a professional relationship with students built on trust and mutual respect. To increase the four students' social and academic success, I identified and facilitated growth of the students' problem solving skills and abilities. I practiced generalist social work by providing a myriad of direct and indirect services. Collier (2006) stated that "One practical advantage of the generalist approach that it reduces the number of people needed to render services it has been noted that in a range of situations a single helping person is often more valuable" (p. 38). I offered students: social emotional support, anxiety reduction, self-harm and suicide prevention and intervention, conflict resolution, anger management, and addictions and substance use

reduction and education. Advocating on behalf of the student is a crucial part of the role of the school social worker. I connected students with community agencies and worked with MCFD, the school counselor, Ministry of Social Development and Social Innovation, E. Fry, and Positive Living North. As previously stated each ASW can have a maximum caseload of 25 students. Informally, the ASW has had up to 60 students. Lack of manpower is viewed as the main barrier for the ASW to provide social work within the school system (A. Hendrickson, personal communication, February 2, 2015).

To make a referral to a School District 57 social worker, a referral form must be filled out. A classroom teacher, school administration staff, school based team member, or parent can make a referral or the student can make a self-referral. Forms are available from the attached school social worker or Aboriginal Education worker. Forms are also obtained from the Social Work Coordinator of the Aboriginal Education Department. Once filled out the referral goes to the attached school social worker. If the school has no attached social worker the form goes to the Social Work Coordinator of the Aboriginal Education Department. If the student is under 12 years old, the parent/guardian has the right to refuse services if they so choose. The parent/guardian is encouraged to speak with the school social worker if he or she has concerns or questions about the service.

As I previously stated, the role of a school social worker is to be supportive in helping to create and maintain the relationship triad of the school, parent, and student. There is no social worker from School District 57 specifically assigned to TMAP. The role is currently fractioned out by the various team members of TMAP, E. Fry and School District 57. The classroom teacher is also the student's case manager. The outreach workers provide students assistance with family court. The school counselor provides in-depth counseling to the students. The family development worker and daycare staff provides childcare and parenting information. The child

and youth worker provides transportation and nutritional information. The Aboriginal education workers provide cultural learning. These various workers provide several different supports for the client to access. The unique role social work has to offer to a student is accessed on an as needed basis.

Indigenous Protocol

Within the classroom the TMAP staff work to support Indigenous culture. The Aboriginal Education Workers attached to TMAP are helping the Indigenous mothers practice their culture. Elders from the community are invited to share their knowledge of traditional parenting, medicines, cooking, language, and. It is encouraged that these young women will pass on their culture to their children. The Aboriginal Education Workers are helpful in educating the staff about the youths' culture; and they advocate on the youths' behalf. They have a situational knowledge of the youths' ethnic and historical backgrounds.

I participated in An Introduction to Aboriginal Protocols for Engaging with Aboriginal Leaders and Communities webinar during the practicum. To be seen as a newcomer as opposed to an outsider is the first step in building relationships with others from the community. When working with peoples from an Indigenous community, it is simply not enough to be respectful and sensitive to the social relationships of the community. I was encouraged to identify which Nation's traditional territory I practice in and respectfully follow this Nation's protocol. It was explained to me that Indigenous peoples respect the territories of other Nations and, therefore, will not be insulted if I follow this Nation's protocol. Collier (2006) suggested that as a social worker learns about the community, he or she is 'unlearning' and "prejudices, misconceptions and falsifications have to be carefully stripped away" (p. 53). I am open to this 'unlearning' as it will only make my social work practice more effective.

I understand that within some Indigenous cultures, children are viewed as gifts from the creator and not owned by their parents. Children are encouraged to seek answers from other family members, immediate and extended, within their communities. This is an important aspect for a social worker to know, because this traditional practice has been so often misunderstood by social workers. Workers may view this practice as parents denying their responsibility to their children by having other family members raise them.

Practicing Anti-oppressively

There are several ways in which I employed anti-oppressive practice with the students. First, sharing our social locations with one another was imperative. How best to address my power and privilege with these students was crucial. Race, class, age, sexuality, and ableism all impact my work with students. As a heterosexual female I needed to be respectful of each student's sexuality and not to make assumptions just because they are mothers. As an able bodied person, I need to be aware and respectful of each student's level of physical and mental abilities. I reflected upon ageism with all of the students. It is important for me not to make assumptions based on their ages. It was important for each student to be informed of her rights including her right to refuse services. I included the youth in the process and decision-making. Each student's concerns about MCFD involvement regarding their children were validated. I informed each student of my role and the limits of this role. I informed each student of the steps I took. I viewed each student as the expert of her case not myself.

Tasks

One of the main tasks I participated in was providing transportation to the students. I provided transportation to Babies New Beginnings and "recreation" which I also participated in. Transportation in PG can be challenging. The roads in PG can be treacherous in winter. Pushing a stroller in winter is nearly impossible, as the city sidewalks are not kept in the best shape. Many

of the young mothers had improper footwear for the weather conditions making being pregnant and/or carrying an infant and/or toddler dangerous. Many social services are located in the downtown core of PG but some services are across town and require transportation to access.

Providing transportation gave me the opportunity to have both one on one and group discussions with the students. I was able to get to know students through listening to their stories, which gave me insight into their thoughts, hopes, dreams, and struggles. Turnell and Edwards (1999) suggest workers are most respectful of clients by listening and asking questions, allowing clients to decide for themselves what is best for improving their lives. I listened with intent and refrained from judgment. My vehicle offered a relaxed, confidential setting to provide impromptu counseling sessions using active listening skills and solution-focused interventions. The students and I focused on constructing solutions rather than solving the problem. Some of the questions used from this intervention were: the problem is gone question, scaling questions, exception-seeking questions, coping questions, and problem free talk. When working with students, I used Wade's response based approach to oppression by asking students what was their response to the issue/problem. I also used Turnell and Edward's signs of safety approach when discussing goals with the students.

I participated in Recreation with the students, provided twice a week. This provided a relaxed setting to model healthy living and demonstrate physical abilities and strengths. Some of the physical activities required a partner. I partnered up with several of the young women. These interactions supported trust building and camaraderie in the working relationship.

I assisted the child and youth care worker in kitchen duties and preparing meals and snacks. While participating in kitchen tasks I was drawn in to the students, giving me opportunities to have ongoing dialogue with them. The discussions I had with students have given me insights into the issues they are dealing with: housing, volunteering, employment,

breast feeding, transportation, communication skills, mental health issues, relationship issues, youth agreements, MCFD involvement around protection issues, parenting, child care, day care issues, etc. This has given me a wealth of background for future practice.

I was able to provide childcare, although limited, to those not accessing or waitlisted for a spot in the on site daycare. I shared parenting and childcare information on an as needed basis when the opportunity arose or presented itself. Providing childcare established trust in me with the young mothers. This by far was the easiest way to establish trust in the working relationship. The students observed my professional care giving skills in providing childcare in the classroom, while they attended to their academic studies.

I participated in mediation and attended Family Court with a student, her guardian and the E. Fry, MSW candidate Outreach Worker. From attending court, I observed: how the criminal justice system subjects young, Indigenous women to imperial ways of the Canadian Court System and how the child welfare policies and procedures of the Ministry of Children and Family Development subject young Indigenous women to the white, European based childcare practices. "The Canadian child welfare system, with its recurring preference for the investigation of morality over practical support, is one continuing proof of women's general subordination as citizens"(Strong-Boag, 2002, p. 39). Women must prove their worth and fitness as parents, often struggling in the process to achieve these moral based standards of parenting.

I advocated for students. Advocating for their voice to be heard, working with and accessing services funded by ablest ministries can be an emotional roller coaster ride for students. I am trained to work in the social services field, and even I have had difficulty accessing services. I have observed how students become compliant for fear of being denied services and/or being cut off from services. I saw this as a motivational force for me to advocate for them.

Many of the students I worked with have experienced complex trauma. They have endured lives of poverty, substance abuse, physical and psychological abuse, mental health issues, a lack of education, living within the system of social services, becoming wards of the Director, etc. They have suffered immensely due to having spent their lives stereotyped and discriminated against due to their social locations. During the practicum, I completed trauma informed training, an 8-week course, taught by Dr. Linda O'Neill of UNBC. This training has offered me valuable insights into the experiences of the students I worked with. Session topics included: Trauma from PTSD to Complex Trauma; Trauma, Brain and Affect; Trauma and Addictions; Trauma Support, Safety and Stabilization; Trauma Strategies: Remembrance and Mourning; Historical, Intergenerational Trauma and Clients with FASD; Victims, Offenders and Trauma and Informed Practice and Secondary Trauma. I will incorporate this training in my future practice.

Two of the students assigned to me were deeply in crisis and their attendance was minimal or non-existent. I was able to develop a working relationship with others and I completed an ICM with one student in preparation for a meeting with service providers. Together we created goals. Establishing goals is part of the Signs of Safety approach. Goals developed should ensure the child's safety as well as respect the parent's dignity (Turnell & Edwards, 1999). Goals are to be clear, specific and mutually agreed upon between the worker, agency, and family as well as any other professionals involved with the family (Turnell & Edwards, 1999). Turnell and Edwards (1999) encourage working towards short attainable goals before attempting more long-term and/or complex goals as part of building collaboration with families. I discussed the completed document with my practicum supervisor and reflected upon it. This task gave me an idea of what the student has experienced and continues to and the time needed in preparing the document.

Chapter 6: Implications For Personal Professional Practice

This chapter discusses: working with resistant students, mentorship, supervision, anti-oppressive learning, child welfare learning, practicing from my heart, future tasks, and future action.

I believe the field of social work has contributed significantly to the rights and welfare of children. Strong-Boag (2002) stated "Canadian social workers have always been among the foremost champions of a fair deal for children" (p. 33). Social workers, such as myself, are motivated to join agencies by a strong belief and commitment that the work that they do is needed, valued, and makes a positive difference in the lives of the children and families they serve.

It is important to increase the retention rates of social workers in the education system because they are crucial in supporting the social/emotional functioning and academic performance of students. Children and their families are vulnerable to ineffective and potentially damaging interventions by non-social workers. Recruiting new workers with Masters of Social Work graduate degrees provides stability to organizations as these workers viewed themselves as better prepared for employment positions (Lieberman, Hornby, & Russell, 2001).

Working With Resistant Students

I welcomed a student's resistance. I believe when a student resists she is addressing her lack of power and is responding to the oppression she has experienced due to her being marginalized. Resistance is a sign of strength and is the student's desire for self-determination. I respected and encouraged resistance from students against the barriers that prohibit them from achieving their goals. When students resisted, it was important not to take the resistance

personally as they are resisting the problem. It was also important to me to analyze if and how I, as the practitioner, was contributing to the oppression of the student.

Mentorship

Early learning experiences and having a mentor still influenced and guide practice (Chiller & Crisp, 2012). Previous learning experiences and having worked with mentors during my practice guide me. My practicum supervisor in particular, has had a great influence on me both personally and professionally. I admire this woman for her fierce protection and loyalty to her teenage and parenting students, passion for her profession, strong ethics, confidence, knowledge, and joyfulness. I had the privilege of her guidance, where she both inspired and challenged me out of my comfort zone to gain new skills. She is creative in addressing individual situations and listens to and values the knowledge of clients and peers from other professions. From having her as a supervisor, I have gained mentoring skills I will apply to my personal and professional life.

Supervision

Gibbs (2009) recognizes that supervision contributes to a healthy learning environment for workers. Reflective supervision fosters accountability in allowing workers to explore their feelings and practice with clients (Gibbs, 2009). Workers become mindful of the link between feelings and actions. "One of the key benefits of reflective practice is that it enables the practitioner to examine their implicit theories of action and to engage with the complex issue of 'power relations, structures and ways of thinking'" (Fook, 1999, p. 202). Deep level learning is achieved by the worker, through formulated and reflective questions that take into account the difference and uniqueness of client situations (Gibbs, 2009).

I had a knowledgeable and supportive supervisor with many years of experience and who understood and identified the challenges faced by staff and clients. Workers identified communication as the most important supervisory skill (Blackman & Schmidt, 2014). I had regular occurring discussions with my supervisor regarding our roles. I clearly saw the difference in our roles. She is an educator in a school setting, albeit a case manager. I am a social worker, with a different focus and at times, a different mandate and urgency.

Anti-oppressive Learning

I am consciously aware of my social location and understand the meanings and implications of this position within the client/worker relationship. Practicing anti-oppressively, I acknowledged the social location of the client. Acknowledging our social locations worked towards identifying the various differences within our working relationship and the domination that arose from these differences. By being consciously aware of my power and privilege when working with clients, I worked towards addressing and diminishing the dominance these power differentials had in the client/worker relationship.

Child Welfare Learning

Child welfare practice regarding parenting youth has created a discourse in conceptualizing and determining what mothers and their children need. By creating policy that has attempted to dismantle systemic inequalities within child welfare regarding teen mothers, I recognize working anti-oppressively means that I need to involve those who are receiving social work services and listen to what they have to say. By considering my social location of where I come from, I have attempted to provide an opportunity for those who are directly affected by this issue to speak for themselves. I am located in relation to the issue in that I am a student in social work with a limited knowledge of social policy and parenting youth. I realize it is a privilege to be enrolled in higher learning. This leads to a difference between my perception and that of

others in that I am not a marginalized, single mother living in poverty trying to raise her child. I have not received MCFD involvement because of failure to protect my child from harm and/or neglect. Continuing to remove children from marginalized families protects child welfare's privilege rather than examining the structural inequalities that create disadvantage for families. The authorities and the persons charged with policy administration need to recognize the power they have in understanding failure to protect as a thorny issue with many systemic layers and realize the need for specialized workers when working with families.

I agree with Scannapieco and Connell-Carrick (2007) in that, "The knowledge and skill required goes beyond a bachelor's or master's degree in social work; specialization in understanding the dynamics involved in the phenomenon of child maltreatment is needed" (p. 32). All systematic structures (legal, medical, education, and society) impact child welfare. In order to work effectively with children and their families, a social worker needs to have a thorough working knowledge of these institutions. A social worker must know the difference between family risks and structural risks. I believe I had to gain experience, knowledge, and maturity before becoming competent and skillful in working with the most vulnerable youth and their children in society.

Practicing From My Heart

Formal education teaches textbook knowledge of social work practice; it takes great skill in applying this knowledge to practice. It takes even greater skill in practicing from the heart. In order to practice from the heart, Strega and Esquao (2009) stated, "Always remember who you are working with and how. When working with children and families from your own community they are not your cases; they are your people. Treat them with respect; do not assume you know everything about their lives" (p. 290). All populations, specifically vulnerable populations on the outside of mainstream society, should be treated humanely, ethically, and respectfully. They

should be treated as humans with their own stories and specific needs, wants, dreams, and ideas.

A client, a person, knows what is best for him or herself. I am here to listen, share my knowledge of community resources and support them through structural systems of inequality. Together we can support each other.

Sinclair, Hart, and Bruyere (2009) add that instead of treating others as you wish to be treated ask others how they wish to be treated. It's not enough to treat others, as you want to be treated. We don't know how others want to be treated without asking. Sinclair et al. encourage workers to take the time to understand a client's perspective, really listen to what he or she is saying, and identify self-locations.

The statement that has the most impact on my practice is, "children at risk, the vast majority of whom come from long-disadvantaged populations, need to be dealt with as if they were the offspring of policy-makers and service-providers" (Strong-Boag, 2002, p. 44). How is it that some service providers' put limits on the skills and abilities of their clients that they would otherwise not place upon their own children? I have grown from my practice to look at these students and see future leaders.

Future Tasks

It is important for me to stay current on best practices in social work. From this practicum I realize I need to gain a greater working knowledge of complex trauma in order to effectively support clients. As a professional, I will be exposed to secondary trauma. Secondary trauma is defined as the "effects of working with traumatized persons on therapists" (Jenkins & Baird, 2002, p. 423). This exposure can lead to symptoms, such as: anxiety, loss of hope and lower job satisfaction (Mathieu, 2012). I will learn to reduce the risk of secondary trauma by incorporating a trauma-informed model in my future practice (i.e. engaging in self-care, relying on supervision, etc.).

Knowledge of available community service providers and resources is key to best practice in social work. I was able to familiarize myself with some of the social services available in the community. Having working knowledge of community services, who's eligible, and how to assess helps to better serve clients.

Future Action

I support reforms suggested by Rutman et al. (2002), such as: "needs based budget for the Ministry", "statutory entitlement to services for children and youth in care", and addressing the "inadequacy of resources" (p. 186). If BC's MCFD budget does not support the needs of children and youth in care than they are vulnerable to falling through the cracks of an already fragile system. I support policy reform that ensures services to children and youth in care are not provided on a discretionary basis and when funds are available. I also support reforms that address the inadequacy of resources for children and youth in care, which are: restricted to some, limited in availability, and generalized.

I believe future research needs to focus on British Columbian northern, rural, and remote communities, and peoples from rural or remote communities who have moved to northern urban settings such as PG. These peoples face challenges and barriers. Their extended families were still living in rural or remote communities so that they do not have their immediate support. For example, I observed many of the young Indigenous mothers with children were living in "The Hood" in PG, because of lower rent and barriers to renting (references, discrimination, etc.). This leads to the "ghettoization" of women with children in our community.

Among Indigenous youth there is a need for: identity information, building skills and personal strengths, cultural development, and guidance (Carrier Sekani Family Services, 2007). Preparation for Indigenous higher education and identity development is unique. An understanding of the cultural heritage, which informs and potentially guides decision-making, is

required (Carrier Sekani Family Services, 2007). Lessons learned from the past provide historical guidance for the future: 1. Identify appropriate mentoring programs that can be implemented in Indigenous youth organizations to support employment, education/training and capacity building; 2. Partner with School Boards to host pilot programs to identify and utilize best practices for support systems to promote Indigenous employment, education/training and capacity building; 3. Partnerships in child welfare in the north and the need for Indigenous social workers specialized in child welfare are required (Carrier Sekani Family Services, 2007).

Community-based participatory action research should be utilized to engage youth in individual and community development:

- To develop resources locally and include activities related to teen motherhood that promotes advocacy and social action.
- To join young mothers to overcome stigma and to contribute to the life of their community through strength based practice.
- To gain support from supervisors and front-line workers through, their commitment to community approach.
- To develop a community social work approach to teenage motherhood "...by being sensitive to the culture and traditions of the community" (Wharf, 2009, p. 188).
- To value the importance of training and skills about teen pregnancy.
- To collaborate with other service professional workings in the area to develop a community-oriented approach to teen motherhood.

Conclusion

There has been a steady national rate of Canadian teenage mothers; however, there has been a dramatic increase of teenage pregnancy among some of the provinces and populations. Although they account for a small percent of the Canadian population, Indigenous women over represent the numbers of teenage pregnancies in Canada. This may be due to the historical and current systemic traumas experienced by Indigenous peoples. Teenage mothers are at risk for several health issues related to pregnancy. The socio-economic impact of teenage pregnancy on female youth is shown by low high school graduation rates, high unemployment rates, and living in over crowded substandard housing. The north central community of PG has a higher rate of teen mothers than that of the BC provincial rate. The TMAP program in partnership with School District 57 and E. Fry is meeting some of the specific needs of teen mothers living in PG. The Teen Mothers' Alternative Program is a valuable education and social service program. I am grateful to the staff and students of TMAP for the opportunity to share and expand my social worker skills and abilities as well as utilize my skills and abilities as an early childhood educator. I found this practicum placement informative and I was often encouraged to self-reflect on my social location. I found myself observing how society views young mothers and how not to further stigmatize. It is a good place to learn how to build a respectful working relationship with parenting youth and their families. I learned tremendously from the education team with their various skills and expertise. I believe this experience will serve me well in my future work with youth and their families. I thoroughly enjoyed this practicum placement and have gained new knowledge and skills that as a social worker I will apply to my practice in working in a northern urban community. I am critical of my position of power and practice and profession and will help to change it.

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Appendix

Appendix 1: Aboriginal Social Work Request For Service

**ABORIGINAL EDUCATION DEPARTMENT****School District No. 57 (Prince George)**

#102 - 155 McDermid Drive, Prince George, B.C. V2M 4T8

Phone: 250-562-4843 • Fax: 250-561-2520

ABORIGINAL SOCIAL WORK REQUEST FOR SERVICE

REFERRED BY: _____

DATE: _____

STUDENTS NAME: _____

SCHOOL: _____

BD (dd/mm/yy): _____

GRADE _____

BAND/NATION: _____

IN CARE: Y/N (if yes, care status): _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN TELEPHONE NUMBER: _____

REQUEST FOR SERVICE SPECIFICSPRESENTING ISSUES/AREA OF CONCERN: _____

_____PREVIOUS INTERVENTIONS OR STRATEGIES ATTEMPTED / SBT REFERRAL DATE: _____

_____OTHER RELEVANT INFORMATION: _____

**please attach student demographic sheet*

ADMIN SIGNATURE: _____ DATE: _____

SOCIALWORKER USE ONLY

RECEIVED BY: _____

DATE RECEIVED: _____

ASSIGNED SOCIAL WORKER _____

INITIAL MEETING DATE: _____

FILE CLOSE DATE _____

Appendix 2: IBI/SMI Interagency Planning Summary

IBI/SMI Interagency Planning Summary

Date:	Facilitator:	Case Manager:		
Name of Student	D.O.B.	Reason for ICM Meeting:	Note Taker:	
Name of Parent(s):		Transition Planning:		
Legal Guardian:		Date of Next Review:		
Participant:	Role/Position:	Responsibility:	Length of Involvement:	Agency:

Extended Team Members:

Background Information (Previous Relevant Assessments and Reports)

Assessment/Report	Contact Person

HEALTH/MEDICAL:

Strengths/Issues:

Action Required:

Person Responsible	Means of Reporting/Evaluation	Review Date

EDUCATION/EMPLOYMENT:

Strengths/Issues:

Action Required:

FAMILY/SOCIAL RELATIONSHIPS:

Strengths/Issues:

Action Required:

Person Responsible	Means of Reporting/Evaluation	Review Date

EMOTIONAL/BEHAVIOURAL DEVELOPMENT:

Strengths/Issues:

Action Required:

Person Responsible	Means of Reporting/Evaluation	Review Date

SELF-CARE/LIVING SITUATION:

Strengths/Issues:

Action Required:

Person Responsible	Means of Reporting/Evaluation	Review Date

LEGAL ISSUES:

Strengths/Issues:

Action Required:

Person Responsible	Means of Reporting/Evaluation	Review Date

Additional Services Required:

Administrator:

Date of Next Review: